POLICE AND FIREMEN'S RETIREMENT SYSTEM

The following report must be completed by a physician representing the employing agency and attached to the employee's enrollment application.

REPORT OF EXAMINING PHYSICIAN

| Applicant: | | Social Security Number: | | | | |
|----------------|---|-------------------------|---|---|--------------|--|
| Name of Empl | oyer: | Municipality | | | County | |
| State Agency: | | Department | | Division | | |
| | | · · | | , diseases, nervous disorders, disability awards, etc.) | | |
| | Mouth: | Nose: | Throat: | Hearing: | Vision: | |
| Color Test: | | Chest: | Lungs: | He | eart: | |
| Blood Pressure | e: | _ Pulse: | Extremitie | s: R | eflexes: | |
| Feet-toes: | | Hernia: | _ Hernia: | | Hemorrhoids: | |
| Remarks: | | | | Suga | | |
| MARK ONE | ☐ Is ☐ Is not | | pable of sustaining ance of his duties | g the labors and exp | oosures | |
| | (Date) ———————————————————————————————————— | | | ture of the Physician representing the Employer) | | |